



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: MEMORIAL HOSPITAL OF SOUTH BEND

City of Hospital: South Bend

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Sally Marker

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Medicare Provider Number: 150058

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$821981982
Outpatient Patient Service Revenue	\$589963983
Total Gross Patient Service Revenue	\$1411945965

2. Deductions From Revenue

Contractual Allowance	\$864544854
Other Deductions	\$24821745
Total Deductions	\$889366599

3. Total Operating Revenue

Net Patient Service Revenue	\$522579366
Other Operating Revenue	\$19366333
Total Operating Revenue	\$541945699

4. Operating Expenses

Salaries and Wages	\$143361192	Employee Benefits	\$39167986
Depreciation and Amortization	\$30463544	Interest Expense	\$5520522
Bad Debt	\$28872159	Other Expenses	\$204706231
Total Operating Expenses	\$452091634		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$89854065	Total Assets	\$522188000
Net Non-operating Gains over Loss	\$7681033	Total Liabilities	\$522188000

Total Net Gains	\$97535098
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$610741593	\$478926023	\$131815570
Medicaid	\$261733874	\$174663201	\$87070673
Other Government	\$0	\$0	\$0
Other State	\$18103769	\$14954904	\$3148865
Other Payers	\$521366729	\$196000726	\$325366003
Total	\$1411945965	\$864544854	\$547401111

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$435650	\$-435650

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$184827	\$393186	\$-208359

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$426256	\$7585363	\$-7159107
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement
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Hospital Charity Charges	\$10470631
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$3138491	
HCI Payments	\$0		
Subtotal	\$0	\$3138491	\$-3138491
Medicaid Shortfalls	\$83175072	\$83879190	
Subtotal	\$83175072	\$87017681	\$-3842609
DSH Payments	\$9,905,223		
Subtotal	\$93080295	\$87017681	\$6062614
Medicare Shortfalls	\$136604509	\$183065115	
Other Government Programs	\$0	\$0	
Total	\$229684804	\$270082796	\$-40397992

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$2075657	\$4433026	\$-2357369
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$510622	\$-510622
Other Allocations	\$0	\$0	\$0

Comments

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